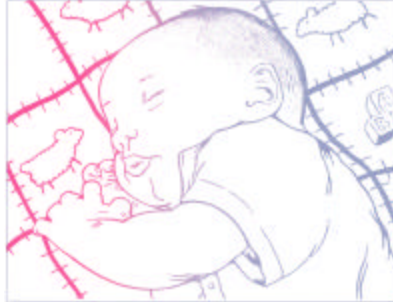


# Request for Certified Copy Of Birth Record



FULL NAME OF CHILD

DATE OF BIRTH

MOTHER'S MAIDEN NAME

FATHER'S NAME

PHONE # (     )

NUMBER OF COPIES        X \$16.00 =

MAIL CERTIFICATE TO:

YOUR NAME

ADDRESS

CITY, STATE, ZIP

Mail this request along with your check to:

San Diego Recorder/County Clerk  
P.O. Box 12112-1750  
(619) 237-0502